

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California Housing Finance Agency

Division, Department, or Region (if applicable)

Office of General Counsel, MS 1440

Street Address

500 Capitol Mall, Suite 1400, Sacramento, CA 95814

Area Code/Phone Number

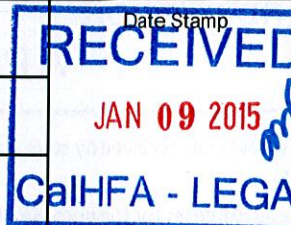
(916) 326-8488

Email

Jojima@CalHFA.ca.gov

Agency Contact (name and title)

JoJo Ojima, Filing Officer



California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual _____ Last Name _____ First Name _____
45 West 25th Street, 11th Floor _____ NY 10010
Address _____ City _____ State _____ Zip Code _____

☒ Other American Conference Institute
Name _____
Continuing education provider _____

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____ \$ _____ Name _____ Amount _____

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Washington D.C. 11/19/14 - 11/24/14
Location of Travel Dates (month, day, year)
Southwest Airlines, SuperShuttle, taxi ☐ Rail ☒ Air ☐ Bus ☐ Auto ☒ Other Washington Marriott Wardman
Transportation Provider Check Applicable Boxes Name of Lodging Facility
\$ 285.11 \$ 64.00 \$ 819.20 \$ 5.00 \$ 1,173.31
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ _____
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Participate on panel "Federal and State Government Insights on the Current State of the Mortgage Servicing Industry, Regulatory and Enforcement Priorities at Both the National and State Levels, and How to Ensure Compliance in a Multi-Agency Environment and Prepare for 2015"

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Freeburger	Thomas	Asst. General Counsel	Office of General Counsel
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Tia Boatman Patterson
Print Name

Executive Director
Title

1/8/15
(month, day, year)

Comment:

(Use this space or an attachment for any additional information)